

POSITION	CLS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	MA	106390 675	12-28-00 06-10-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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81	N	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions,  
staple additional sheet here

Best Available Copy